

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR NURSE CONSULTANT III (SPECIALIST)**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Nurse Consultant III (Specialist) with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Nursing License: _____

| | | |
|--------|-----------------|-------|
| Number | Expiration date | State |
|--------|-----------------|-------|

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**NURSE CONSULTANT III (SPECIALIST)
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

1. All classes in this series require possession of an active valid license as a registered nurse in California. (Applicants who do not meet this requirement will be admitted to the examination, but they must secure the required license before they will be considered eligible for appointment.) **And**
2. All classes in this series require a baccalaureate or higher degree in nursing from a school of nursing accredited by the National League for Nursing (NLN) or its equivalent for foreign graduates. (For applicants who received a baccalaureate degree in a health-related field prior to 1990, the California State Public Health Nurse Certificate may be substituted for the baccalaureate in nursing (BSN), thereafter the baccalaureate or higher degree must be in nursing from a school of nursing accredited by the NLN or its equivalent for foreign graduates.) **And**
3. All classes in this series require possession of a master's degree in a health-related field such as: nursing, public health, health care services, health care administration, or hospital administration. All degrees must be from an institution approved by the Council for Private Postsecondary and Vocational Education under the provisions of California Education Code Chapter 3, Part 59, Division 10. **And**

Either I

Two years of experience performing the duties of a Nurse Consultant II in the California state service.

Or II

Broad and extensive (at least five years) professional registered nursing experience, at least four years of which shall have been in an administrative, consultative, teaching, or supervisory capacity. (One year of health-related postmaster's graduate work may be substituted for one year of general nursing experience.)

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- | | |
|--|--|
| 1. Are you willing to treat inmates/youthful offenders in a professional, ethical, and tactful manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to observe a physical assessment on an inmate/youthful offender? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to work around peace officers armed with chemical agents and/or weapons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to abide by and adhere to institutional safety and security policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to wear protective clothing and apparatus as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to abide by and adhere to the institutional dress code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to work professionally with individuals from a wide range of cultural backgrounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you willing to bend, stoop, climb stairs, push, pull, twist, and briskly walk a minimum of 50 yards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DEGREES/CERTIFICATIONS

Please indicate if you have completed the following certification:

☐ Certificate in Public Health Nursing

**NURSE CONSULTANT III (SPECIALIST)
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE

Note to Applicants: Under "Work Experience," for items #10 - 26, please indicate:

Frequency:

a) If you have performed this task within the last 24 months

b) How often you perform this task

(Please select one box from "weekly" "monthly" and "annually" column)

Level of Skill:

a) The level of skill that you have in performing this task

(Please select one box from the "level of skill" column)

| | Frequency | | | | Level of skill | | |
|---|--------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|-------------------------------------|---|
| | Performed task within last 24 months | Weekly | Monthly | Annually | Have not performed this task | Performed task during training ONLY | Performed task as a regular work duty AFTER LICENSING |
| 10. Act as a consultant to various agencies (public and private), departmental staff, the public, etc., on health care issues. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Plan studies (e.g., needs assessments, public health studies of infectious disease incidence, etc.) to identify needs and obtain information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Develop tools, aids, methodology, etc. necessary to conduct studies. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Organize studies to ensure the study is carried out as planned. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Implement studies to gather/obtain information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Evaluate study results to provide information to management and make recommendations for program modifications and implement new programs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Act as a lead to Nurse Consultants and other health-related multidisciplinary staff to provide guidance and direction. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Plan programs, nursing components of related programs, etc., for statewide implementation to provide quality health care. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Develop programs, nursing components of related programs, standards, policies, procedures, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Coordinate nursing and related program activities with other Health Care disciplines, departmental staff, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Implement programs, nursing components of related programs, standards, policies, procedures, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Evaluate programs, nursing components of related programs, standards, policies, procedures, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Provide education/training to field health care staff and custody staff regarding health care issues, new health care delivery systems, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**NURSE CONSULTANT III (SPECIALIST)
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE, CONTINUED

Note to Applicants: Under "Work Experience," for items #10 - 26, please indicate:

Frequency:

a) If you have performed this task within the last 24 months

b) How often you perform this task

(Please select one box from "weekly" "monthly" and "annually" column)

Level of Skill:

b) The level of skill that you have in performing this task

(Please select one box from the "level of skill" column)

| | Frequency | | | | Level of skill | | |
|--|--------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|-------------------------------------|---|
| | Performed task within last 24 months | Weekly | Monthly | Annually | Have not performed this task | Performed task during training ONLY | Performed task as a regular work duty AFTER LICENSING |
| 23. Secure funding for new programs, equipment, staffing, etc., and/or augment existing health care programs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Analyze proposed health care legislation, government reports, licensing surveys, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Prepare various written documents (e.g., memorandum, correspondence, reports, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Investigate cases of alleged staff misconduct to obtain, analyze and provide information to others (e.g., management, Office of Internal Affairs, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SUPERVISORY EXPERIENCE

Please indicate if you have experience supervising the following personnel by marking the appropriate box(es):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Registered Nurses (RN) and/or Nursing Consultants |
| <input type="checkbox"/> | Licensed Vocational Nurses (LVN) |
| <input type="checkbox"/> | Certified Nursing Assistants (CNA) |
| <input type="checkbox"/> | Psychiatric Technicians |

**NURSE CONSULTANT III (SPECIALIST)
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED. If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any

If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 0309 **Mule Creek State Prison**
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**
San Quentin, Marin County
- ☐ 3400 **Headquarters**
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**
Represa, Sacramento County
- ☐ 4804 **California Medical Facility**
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**
Jamestown, Tuolumne County

YOUTH FACILITIES:

- ☐ 3902 **DeWitt Nelson YCF**
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**
Conservation Camp Facility
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**
Ione, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1015 **Pleasant Valley State Prison**
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison**
Reception Center, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**
Delano, Kern County
- ☐ 1605 **Avenal State Prison**
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**
Facility, Corcoran, Kings County

YOUTH FACILITIES:

- ☐ 4003 **El Paso de Robles YCF**
Paso Robles,
San Luis Obispo County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1307 **Calipatria State Prison**
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**
at Rock Mountain, San Diego,
San Diego County

YOUTH FACILITIES:

- ☐ 3628 **Heman G. Stark YCF**
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**
Reception Center & Clinic
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

California Department of Corrections and Rehabilitation

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**NURSE CONSULTANT III (SPECIALIST)
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE NURSE CONSULTANT III (SPECIALIST) EXAMINATION?

Check the box that best describes how you found out about the Nurse Consultant III (Specialist) examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other